



Short Term Application Form OneMission

www.onemission.org.au

Biographical Information

Full legal name as it appears on Passport (Please type or print clearly)

Surname First Name Middle Name Maiden Name

Passport Country _____ **Birth Date** _____

Conference _____ **Home Church** _____

Current Address

Street (no P.O. Box) _____

City _____ State/Province _____

Postal Code _____ Country _____

E-mail Address _____

Telephone (H) _____ (w) _____ Fax _____

Permanent Address (if different from above)

Street (no P.O. Box) _____

City _____ State/Province _____

Postal Code _____ Country _____

E-mail Address _____

Telephone (H) _____ (w) _____ Fax _____



Emergency Contact Information

Name _____ Relationship _____
Street _____
City _____ State/Province _____
Postal Code _____ Country _____
E-mail Address _____
Telephone (H) _____ (w) _____ Fax _____

OneMission Project

Please specify the particular project you are applying for

- Evangelism Medical/health Team Building project Community Education
 Other _____

Please indicate the country and particular position that you are applying for:

Commencement Date _____
DAY/MONTH/YEAR

Length of Time _____ Weeks

Skills and Experience

Please list your reasons for wanting to be part of a OneMission service team _____



Skills and Experience

What do you hope to gain from being part of a Onemission team?

Please describe your educational background and/or training

Please list some skills (work or non work related) that you think will benefit the volunteer team

Do you have any special dietary requirements?



Skills and Experience

Would you feel comfortable in any type of living situation? (E.g. shared accommodation, sleeping on the floor or being exposed to extreme poverty)

Please list any medical conditions that you may have (confidential)

How do you feel about volunteering on behalf of a Christian organisation?

Referees

1. Name _____ Phone or Email _____
Full address _____

2. Name _____ Phone or Email _____
Full address _____

3. Name _____ Phone or Email _____
Full address _____



Agreement

I agree that the information provided on this form is accurate and does not obligate the AVS Office to provide a volunteer assignment for me. Yes No

I am happy to submit this application to serve as a volunteer on the grounds that I do not expect compensation for my services nor any fringe benefits. Yes No

I understand that while serving, I am still responsible for all of my financial obligations at home, and have made arrangements to this end, in addition to meeting any financial responsibilities entailed in my volunteer assignment Yes No

I permit the AVS office to release my personal information to assist in processing my application. Yes No

Signature of applicant _____
Date

OneMission secretary _____
Date

Please return completed application to:
OneMission
PO Box 202
Cooranbong NSW 2265
Email: info@onemission.org.au
Ph: 61 2 49772776